

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-2463		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 02/18/2015 DAY WED		TIME: MILITARY 2128	
CRASH OCCURRED ON 915 N. Broadway (U.D.F. Parking Lot)				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 08303	
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Statefarm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Beltzhoover, John D				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 96 Rough Way #4, Lebanon, OH, 45036							
PHONE NO. 513-403-0290		BIRTH DATE 05/19/41		AGE 73		SEX M		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RK195481 OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same			
VEH YR 2004		MAKE Jeep		MODEL SW		COLOR Dark Blue		STYLE SW		STATE OH LICENSE PLATE NO. EIK1571 TOWING SERVICE NA VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Progressive			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Fields, Nancy, S				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 341 Hoffman Ave, Lebanon, OH, 45036							
PHONE NO. 543-3469		BIRTH DATE 11/20/31		AGE 78		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RT140560 OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same			
VEH YR 2005		MAKE Ford		MODEL 4S		COLOR		STYLE 4S		STATE OH LICENSE PLATE NO. A383049 TOWING SERVICE NA VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE		SEX				CONDITION	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE				A B C D E F	
		ADDRESS		PHONE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE				RESTRAINTS	
		ADDRESS		PHONE		SEX				ALCOHOL	
A B C		INJURED TAKEN TO		By				A B C D E F		A B C D E F	
D E F		INJURED TAKEN TO		By						1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
A		OFFENSE CHARGED AND DESCRIPTION								1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
O		OFFENSE CHARGED AND DESCRIPTION								EJECTION	
RECEIVED CALL 2128		DISPATCHED 2129		ARRIVED 2131		CLEARED 2146		OTHER TIME		TOTAL MINUTES 18	
DATE REPORT FILED 02/18/15		PHOTOS YES NO		OFFICER'S NAME N. Barber		BADGE NO. 120		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
										1 NO ALCOHOL DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION